



AGENCY OF HUMAN SERVICES  
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection  
HC 2 South, 280 State Drive  
Waterbury VT 05671-2060  
<http://www.dail.vermont.gov>  
Survey and Certification Voice/TTY (802) 241-0480  
To Report Adult Abuse: (800) 564-1612  
Survey and Certification Fax (802) 241-0343  
Survey and Certification Reporting Line: (888) 700-5330

December 9, 2016

Deb Choma, Manager  
Shard Villa  
1177 Shard Villa Road  
Salisbury, VT 05769-9588

Dear Ms. Choma:

The Division of Licensing and Protection completed a complaint investigation at your facility on **December 1, 2016**. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 241-0480.

Sincerely,

A handwritten signature in black ink that reads "Pamela Cota RN". The signature is written in a cursive, flowing style.

Pamela Cota, RN  
Licensing Chief

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>0152</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/01/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>SHARD VILLA</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1177 SHARD VILLA ROAD SALISBURY, VT 05769</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R100	Initial Comments:  An unannounced on-site survey to investigate 2 mandatory self-reports (#15035 and #14273) was completed by the Division of Licensing and Protection on 12/1/16. There were no regulatory violations found.	R100			

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE